EXHIBIT B

Health Care Requests with responses Dated; 6-4-2020, 6-13-2020, 6-14-2020

EALTH CARE REQUEST	gc 2 01 0
PRISONER: COMPLETE SECTIONS A THROUGH D	
TACL	LITY: 7 P
NAME: MICHAEL RELIEF	4/2070
NUMBER: X / // /)	Non-urgent
This Health Care Request is for the following (check one of more).	Urgent
Dental Medication Refill Medication Refill	110
I have the following problems/symptoms. The first of the following problems/symptoms.	Pain
me on makes me sick Gives me	77
PUT Me ON SWACK BIG OR TAKE	
Medication 1 Reported MIS to MENTE	
Whell was siven Restore	NIS REQUES
Soon AS Possible thank you.	
NOTICE TO PRISONER	- la mata finds the
You will not be denied health care services for lack of personal funds. However, if your account does not have copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisone copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisone copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisone copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisone copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisone copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisone copayment will be considered an institutional debt and shall be considered as set forth in PD 04.02.105, "Prisone copayment will be considered an institutional debt and shall be considered as set forth in PD 04.02.105, "Prisone copayment will be considered as set forth in PD 04.02.105, "Prisone copayment will be considered as set forth in PD 04.02.105, "Prisone copayment will be considered as set forth in PD 04.02.105, "Prisone copayment will be considered as set forth in PD 04.02.105, "Prisone copayment will be considered as set forth in PD 04.02.105, "Prisone copayment will be considered as set forth in PD 04.02.105, "Prisone copayment will be considered as set forth in PD 04.02.105, "Prisone copayment will be considered as set forth in PD 04.02.105, "Prisone copayment will be considered as set for the copayment will be copayme	,
Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment any necessary medical information to facilitate that treatment, to review treatment, to respond to a related griev appeal you may make regarding the Department's decision to charge for the care.	nent for you and to relea ance, or to review any
Lhave read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my heat for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5,00 may be taken a prisoner Signature: Date: PRISONER: DO NOT WRITE BELOW THIS LINE	(-,
INSTRUCTIONS TO PRISONER	×
	: '(
An appointment has been scheduled for you on: Date: Provider #:	Date:
Signature:	
F COPAYMENT (to be filled out by health care):	d
Note: If none of the exceptions listed below apply, check the box below and a copay will be charge	ual screening.
Care that is: requested by a QHP (includes transfer assessments chronic care clinics, intake and ann and required follow-up care).	a a a a a a a a a a
for injuries that are work related as documented by the prisoner's work supervisor	
requested for testing for HIV, STD's infestations, or reportable communicable diseases	
requested for evaluation, consultation, or treatment of a mental health need prompted by a medical energency (see Section I of the policy, if self-inflicted)	
I have reviewed the visit of and certify none of these exceptions apply.	3
Date	Date:
Signature: Title: Provider #:	

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

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HEALTH CAR	E REQUEST					(Ve) (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
*	<u>P</u>	RISONER: COMPL	ETE SECTIONS A	THROUGH D		
NAME: MIC	hael K	GEORGE	•		FACILITY	ECT
NUMBER: 82	7005	LOCK:		D	ATE: 6/13/	2021
B. This Health Care	Request is for the fe	ollowing (check one o	r more): Health	Record Copies	☐ No	n-urgent
Dental [Medication Refill	Medical	Optometry	Mental Health	Z Ur	gent
I have the follow	ing problems/sympt	oms: the M	edication) Me	-Atal he	ealth
got Me	ON 91	wes me	Red EX	EYES	PaiN 9	SICK
FEELING	Makes	me Slee	of too M	JCh AN	d Really	hot
900	14 M1 94	ne MORNI	HW PU	n A ho	UND bin	EVERY
TIME	Mental	health w	tou lli	help	RESPOND	Soch
AS Pr	OSSIBLE	thank)	60		-	
D NOTICE TO P	RISONER					
You will not be den copayment will be	ied health care servi	ces for lack of personational debt and shall be	al funds. However, e collected as set for	if your account d rth in PD 04.02.1	oes not have adequ 05, "Prisoner Fund	ate funds, the s".
any necessary medi	cal information to fa	s treatment. In additio cilitate that treatment, partment's decision to	to review treatment	OOC to treat or and to a new to respond to a new to respond to a new to the n	rrange treatment for related grievance, o	r you and to rele or to review any
for one of the reaso	D above, or it has be as listed below in Se	een read to me and I in ction F. If I am charg	nderstand that I will ed for this visit, I ag	ree that the \$5.00) may be taken from	visit unless it in my account.
Prisoner Signature:				11	Pate:	
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E INSTRUCTIO	NS TO PRISONER		Date:	W THIS LINE		
E INSTRUCTION An appointment						ate:
An appointment Signature: COPAYMENT	has been scheduled (to be filled or	for you on:	Date:	Provider #:	Da	ate:
An appointment Signature: COPAYMENT	has been scheduled (to be filled or	for you on: at by health care): as listed below apply,	Date: Title: check the box below	Provider #:	Da l be charged.	
An appointment Signature: COPAYMENT	to be filled or none of the exception requested by a QI	for you on: It by health care): It is listed below apply, If (includes transfer a	Date: Title: check the box below	Provider #:	Da l be charged.	
An appointment Signature: F COPAYMENT Note: If	to be filled or none of the exception requested by a QI and required follows:	for you on: at by health care): as listed below apply, AP (includes transfer a ow-up care)	Date: Title: check the box below	Provider #:	Dall be charged. ke and annual screen	
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*			PRISONER: C	OMPLETE SECTION	NS A THROUGH D		
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NUMBER	0	mo	L	OCK: 10 3 20	240 DAT	E: 6-11	1/21
	-	Request is for		k one or more):	alth Record Copies	U N	lon-urgent
Dental		Medication			Mental Health		Irgent
			ymptoms: Re	D1105+	SMOON	RAG	For
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NOTICE			* · · · · · · · · · · · · · · · · · · ·	,			
You will not l	be denie	d health care	services for lack of	personal funds. However	ver, if your account does at forth in PD 04.02.105,	not have aded	quate funds, th
Signing this d	locumer	t formally re	quests treatment. In	addition, it authorizes	the DOC to treat or arran	ge treatment	for you and to
iny necessary	medica	l information	to facilitate that tre	atment, to review treath	nent, to respond to a rela	ted grievance,	or to reviews
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I have read So for one of the	ection I reason	above, or it listed below	has been read to me in Section F. If I a	and I understand that I m charged for this visit,	will be charged \$5.00 fo I agree that the \$5.00 m	r my health ca ay be taken fi	ire visit unless om my accour
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Michigan Department of Corrections Kite Response

Offender #: 0827005

Offender Name: George, Michael Keith

Location: ECF - OAKS CORRECTIONAL FACILITY

Lock: 03:240L:Bot:B

Discipline:

Medical

Received Date:

06/05/2021

Initiated Date:

06/05/2021

Taken By:

Pant, Zachary [ZP] RN

Request Type:

Other

Request Summary:

medication mental health got me on makes me sick gives me pain. put me on a snack big or take me off the medication i reported this to mental health but no help was given respon on this request as soo

as possible

Plan/Action:

a chart review will be sent out